

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**ALAMEDA COUNTY TREASURER**

1221 OAK STREET

OAKLAND CA

94612

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.03911791</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,160,168.66</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,160,168.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,496,802.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 12/27/2011

**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00010612</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,147.33</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,147.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,199.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
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**AMADOR COUNTY TREASURER**

810 COURT STREET

JACKSON CA

95642

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00132859</b>

<b>Gross Claim</b>	<b>\$</b>	<b>39,403.65</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>39,403.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>152,728.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
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**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00893807</b>

<b>Gross Claim</b>	<b>\$</b>	<b>265,087.49</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>265,087.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,027,476.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00136296</b>

<b>Gross Claim</b>	<b>\$</b>	<b>40,423.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>40,423.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>156,680.03</b>

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**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00106887</b>

<b>Gross Claim</b>	<b>\$</b>	<b>31,700.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>31,700.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>122,872.36</b>

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**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.02011996</b>

<b>Gross Claim</b>	<b>\$</b>	<b>596,722.76</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>596,722.76</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,312,891.58</b>

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00127153</b>

<b>Gross Claim</b>	<b>\$</b>	<b>37,711.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>37,711.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>146,169.69</b>



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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00494732</b>

<b>Gross Claim</b>	<b>\$</b>	<b>146,728.84</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>146,728.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>568,719.56</b>

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.02544470</b>

<b>Gross Claim</b>	<b>\$</b>	<b>754,645.21</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>754,645.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,924,997.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA 95988

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00122313</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,275.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,275.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>140,605.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
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**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00862799</b>

<b>Gross Claim</b>	<b>\$</b>	<b>255,891.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>255,891.06</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>969,804.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
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**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00880356</b>

<b>Gross Claim</b>	<b>\$</b>	<b>261,098.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>261,098.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,012,013.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00165903</b>

<b>Gross Claim</b>	<b>\$</b>	<b>49,203.92</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>49,203.92</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>190,713.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.01721220</b>

<b>Gross Claim</b>	<b>\$</b>	<b>510,483.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>510,483.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,978,629.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00445852</b>

<b>Gross Claim</b>	<b>\$</b>	<b>132,231.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>132,231.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>512,529.84</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00199460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>59,156.34</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>59,156.34</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>229,289.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1100165A  
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**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00134019</b>

<b>Gross Claim</b>	<b>\$</b>	<b>39,747.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>39,747.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>154,061.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.31055685</b>

<b>Gross Claim</b>	<b>\$</b>	<b>9,210,571.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>9,210,571.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>35,700,085.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00444444</b>

<b>Gross Claim</b>	<b>\$</b>	<b>131,814.30</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>131,814.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>510,910.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00978122</b>

<b>Gross Claim</b>	<b>\$</b>	<b>290,093.85</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>290,093.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,119,677.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00071281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>21,140.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>21,140.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>81,941.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00285164</b>

<b>Gross Claim</b>	<b>\$</b>	<b>84,574.65</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>84,574.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>327,810.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00629714</b>

<b>Gross Claim</b>	<b>\$</b>	<b>186,762.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>186,762.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>723,888.23</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00079120</b>

<b>Gross Claim</b>	<b>\$</b>	<b>23,465.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>23,465.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>90,953.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00114139</b>

<b>Gross Claim</b>	<b>\$</b>	<b>33,851.63</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>33,851.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>131,208.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00812079</b>

<b>Gross Claim</b>	<b>\$</b>	<b>240,848.40</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>240,848.40</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>933,526.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00419177</b>

<b>Gross Claim</b>	<b>\$</b>	<b>124,320.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>124,320.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>481,864.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00269975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>80,069.85</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>80,069.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>310,349.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.06443975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,911,170.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,911,170.06</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,407,676.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00380643</b>

<b>Gross Claim</b>	<b>\$</b>	<b>112,892.04</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>112,892.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>437,567.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00113417</b>

<b>Gross Claim</b>	<b>\$</b>	<b>33,637.49</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>33,637.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>126,582.86</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.03289207</b>

<b>Gross Claim</b>	<b>\$</b>	<b>975,521.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>975,521.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,781,109.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.03445504</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,021,876.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,021,876.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,960,781.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00159151</b>

<b>Gross Claim</b>	<b>\$</b>	<b>47,201.40</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>47,201.40</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>182,952.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.03996868</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,185,401.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,185,401.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,594,602.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.07799922</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,313,320.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,313,320.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,966,406.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.05924516</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,757,107.63</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,757,107.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,810,532.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.01529154</b>

<b>Gross Claim</b>	<b>\$</b>	<b>453,520.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>453,520.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,757,840.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00459189</b>

<b>Gross Claim</b>	<b>\$</b>	<b>136,187.41</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>136,187.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>527,860.75</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.01397274</b>

<b>Gross Claim</b>	<b>\$</b>	<b>414,406.98</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>414,406.98</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,606,237.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00838718</b>

<b>Gross Claim</b>	<b>\$</b>	<b>248,749.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>248,749.06</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>964,148.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.03392573</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,006,177.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,006,177.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,899,934.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00556854</b>

<b>Gross Claim</b>	<b>\$</b>	<b>165,153.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>165,153.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>640,132.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00771515</b>

<b>Gross Claim</b>	<b>\$</b>	<b>228,817.83</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>228,817.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>886,895.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00026776</b>

<b>Gross Claim</b>	<b>\$</b>	<b>7,941.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,941.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>30,780.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00208334</b>

<b>Gross Claim</b>	<b>\$</b>	<b>61,788.21</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>61,788.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>239,490.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.01114865</b>

<b>Gross Claim</b>	<b>\$</b>	<b>330,649.42</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>330,649.42</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,281,593.93</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.01734410</b>

<b>Gross Claim</b>	<b>\$</b>	<b>514,395.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>514,395.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,983,698.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.01168672</b>

<b>Gross Claim</b>	<b>\$</b>	<b>346,607.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>346,607.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,343,447.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00403600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>119,700.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>119,700.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>463,958.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00274331</b>

<b>Gross Claim</b>	<b>\$</b>	<b>81,361.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>81,361.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>315,357.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00117460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>34,836.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,836.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>135,026.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.01120899</b>

<b>Gross Claim</b>	<b>\$</b>	<b>332,439.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>332,439.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,288,530.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00211074</b>

<b>Gross Claim</b>	<b>\$</b>	<b>62,600.85</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>62,600.85</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>242,640.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.01334317</b>

<b>Gross Claim</b>	<b>\$</b>	<b>395,735.04</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>395,735.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,533,865.16</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00370281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>109,818.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>109,818.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>425,656.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00354044</b>

<b>Gross Claim</b>	<b>\$</b>	<b>105,003.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>105,003.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>406,991.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00143778</b>

<b>Gross Claim</b>	<b>\$</b>	<b>42,642.04</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>42,642.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>165,280.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<b>Total amount collected:</b>	<b>\$228,080,679.68</b>	<b>Percentage of collection:</b>	<b>0.13003402</b>
<b>Gross monthly apportionment:</b>	<b>\$29,658,247.66</b>	<b>County/City Ratio:</b>	<b>0.00644648</b>

<b>Gross Claim</b>	<b>\$</b>	<b>191,191.30</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>191,191.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>741,055.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100165A  
PAYMENT ISSUE DATE: 12/27/2011

**PASADENA CITY TREASURER**

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 11/16/2011 TO: 12/15/2011

<u>Total amount collected:</u>	\$228,080,679.68	Percentage of collection:	0.13003402
Gross monthly apportionment:	\$29,658,247.66	County/City Ratio:	0.00212606

Gross Claim	\$	63,055.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	63,055.21
YTD Amount:	\$	244,401.71